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ANGIOPLASY SUMMIT 2013
TCT ASIA PACIFIC
Seoul, Korea: 23-26 April 2013

Breakfast Meeting – Left Main Coronary Intervention

Technical Tips Lesion-specific two-stent approach

Speaker – 12'

Antonio Colombo

Centro Cuore Columbus and
S. Raffaele Scientific Institute, Milan, Italy

Kang et al. Cicul. Cardiov. Interv. 2011

The major findings of this study of 403 LM lesions treated with DES implantation and IVUS imaging of LAD and LCX were

(1) Compared with the high rate of ISR in LM bifurcation lesions with 2 stents (25.4%), bifurcation lesions with a single stent showed a lower restenosis rate (6.3%) that was similar to nonbifurcation lesions (4.5%);

(2) A smaller IVUS-MSA predicted angiographic ISR at 9 months after DES implantation to treat LM disease;

(3) The best IVUS-MSA criteria that predicted angiographic ISR on a segmental basis were 5.0 mm2 for the LCX ostium, 6.3 mm2 for the LAD ostium, 7.2 mm2 for the POC, and 8.2 mm2 for the proximal LM above the POC;

(4) Post stenting underexpansion was an independent predictorfor 2-year MACE, especially repeat revascularization;

(5) Stent malapposition did not predict ISR or MACE.

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JAHA 2012

Unprotected Left Main Percutaneous Coronary Intervention: Integrated Use of Fractional Flow Reserve and Intravascular Ultrasound

Seung-Jung Park, MD, PhD; Jung-Min Ahn, MD; Soo-Jin Kang, MD, PhD

Even in the 2-stent group, lesions with complete expansion at all sites showed only 6% of the ISR rate, which was similar to that of the single-stent group (6.3%) or in non-bifurcation LMCA lesions (4.5%).

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Left Main Trifurcation

Baseline

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Left Main Trifurcation

Baseline

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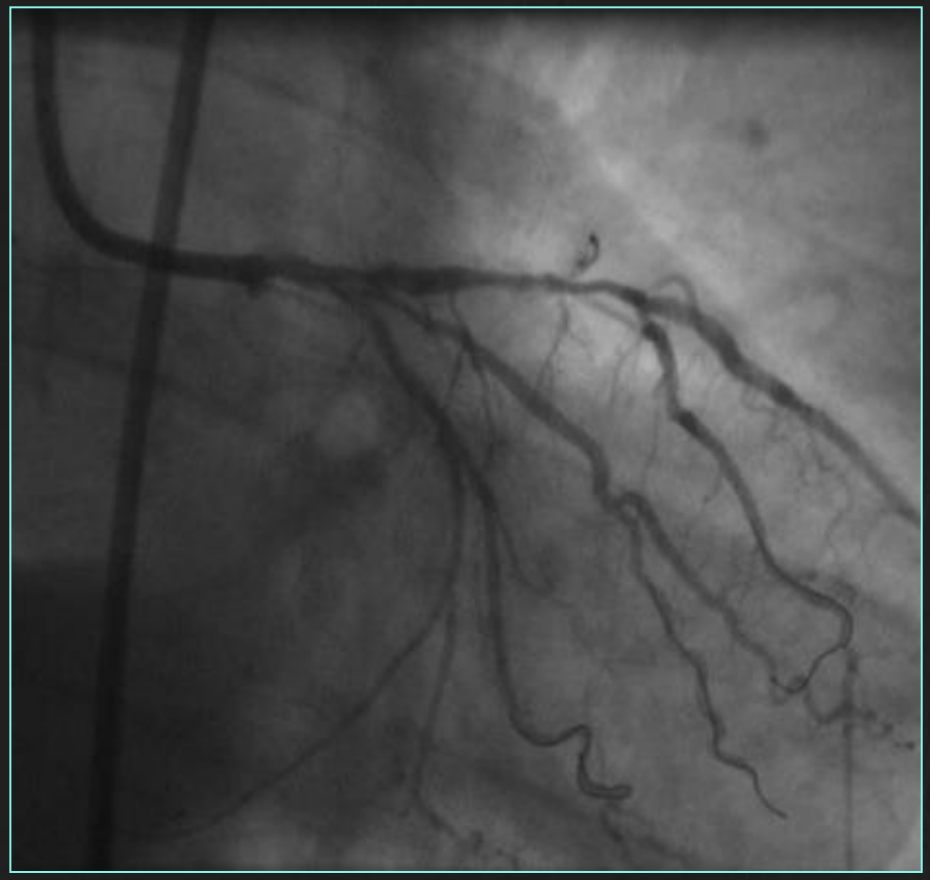
Left Main Trifurcation



Following Left Main Predilatation

Dilatation Intermediate Branch

Left Main Trifurcation

Following Dilatation Intermediate Branch

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Left Main Trifurcation

Stenting LM-LAD

Following Stenting LM-LAD

International Meeting

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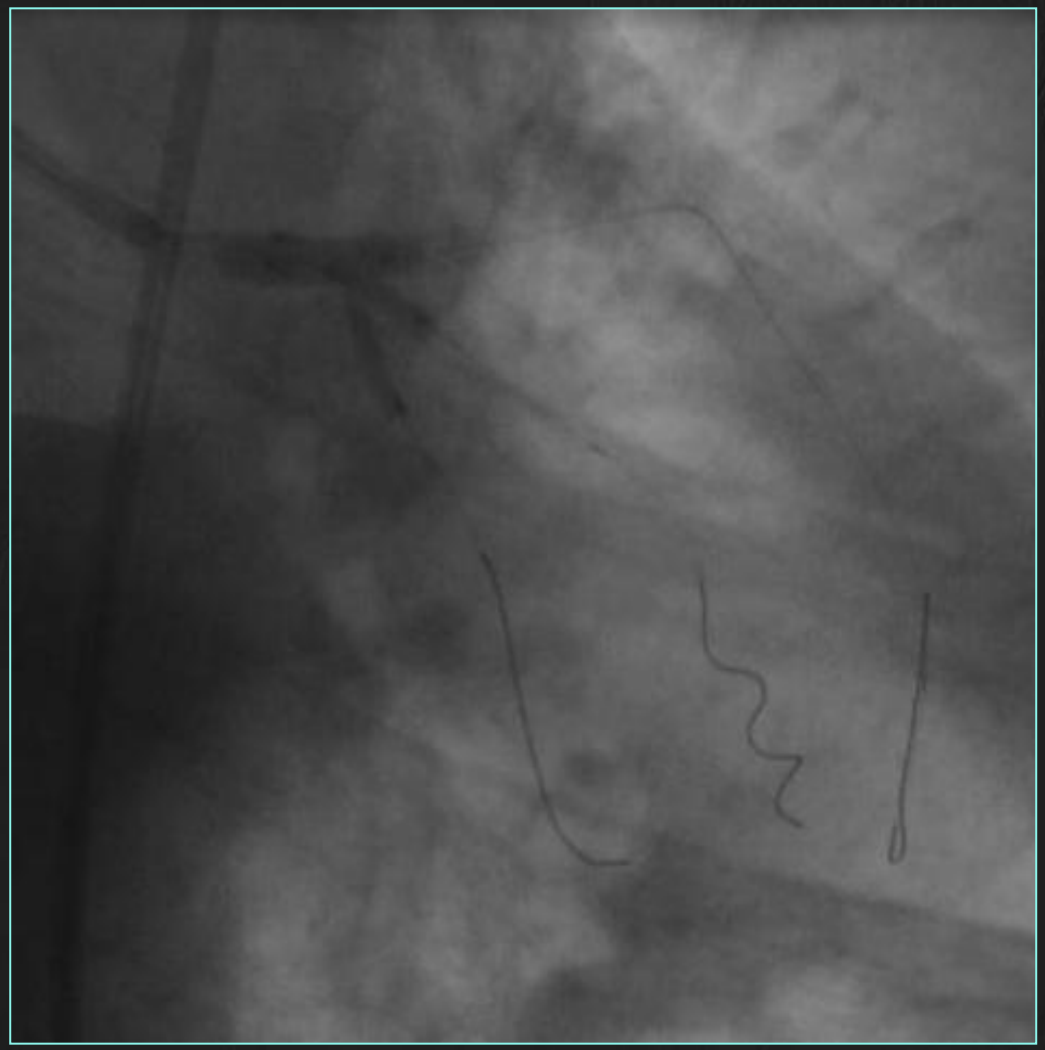
Left Main Trifurcation



Kissing Balloon Inflation

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Left Main Trifurcation

Following Kissing Balloon Inflation

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Left Main Trifurcation

Positioning Intermediate Stent – TAP technique

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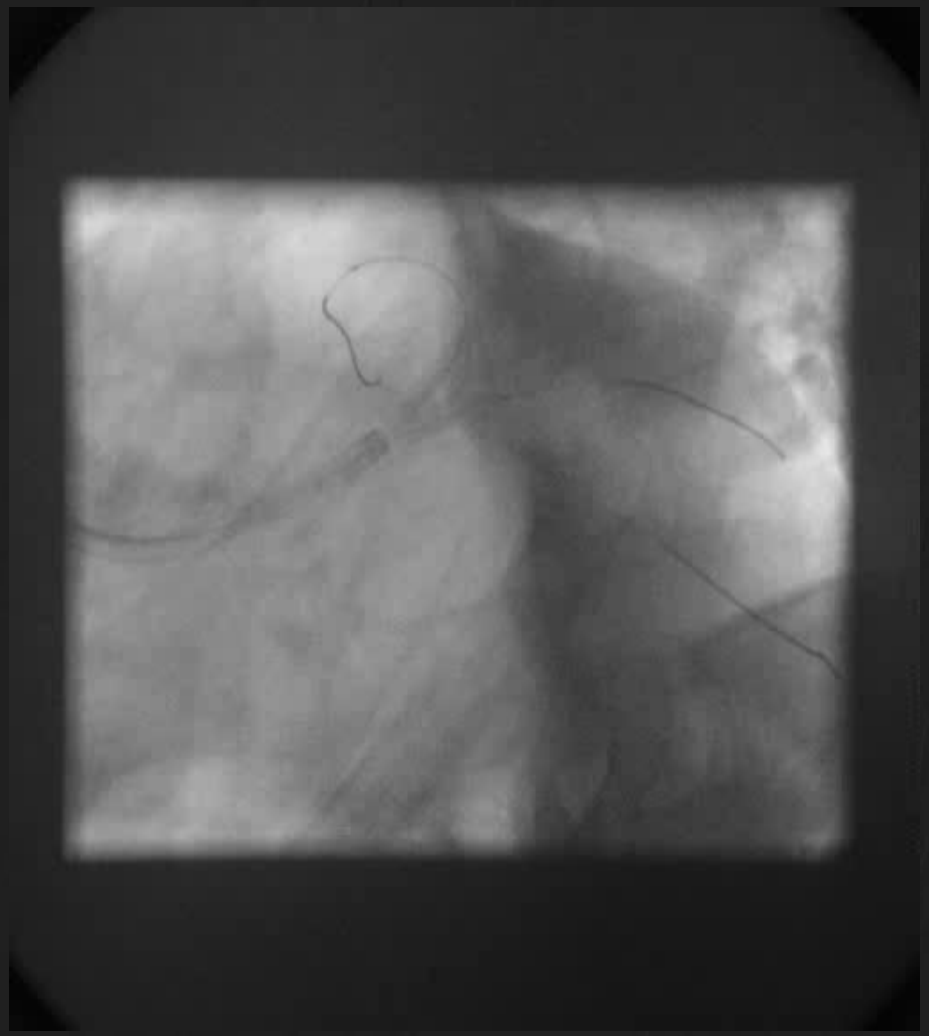
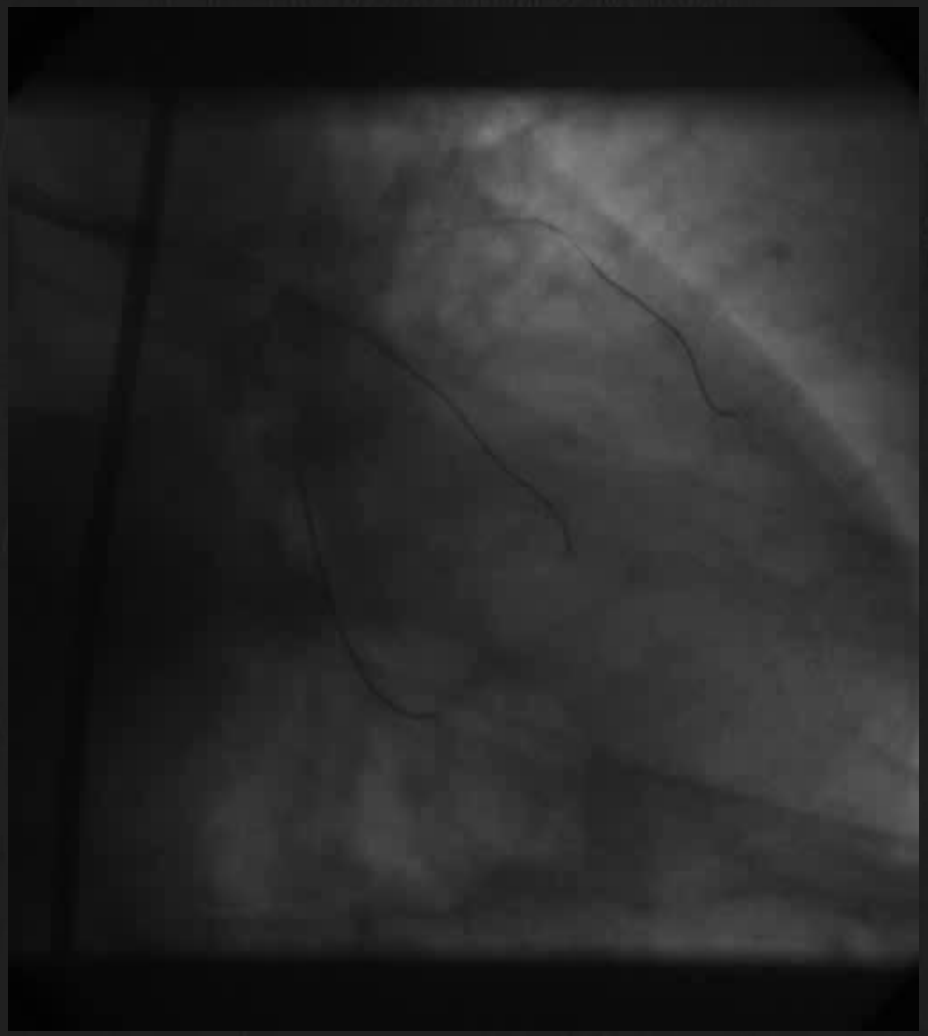
Left Main Trifurcation





Following Intermediate Stent and Kissing

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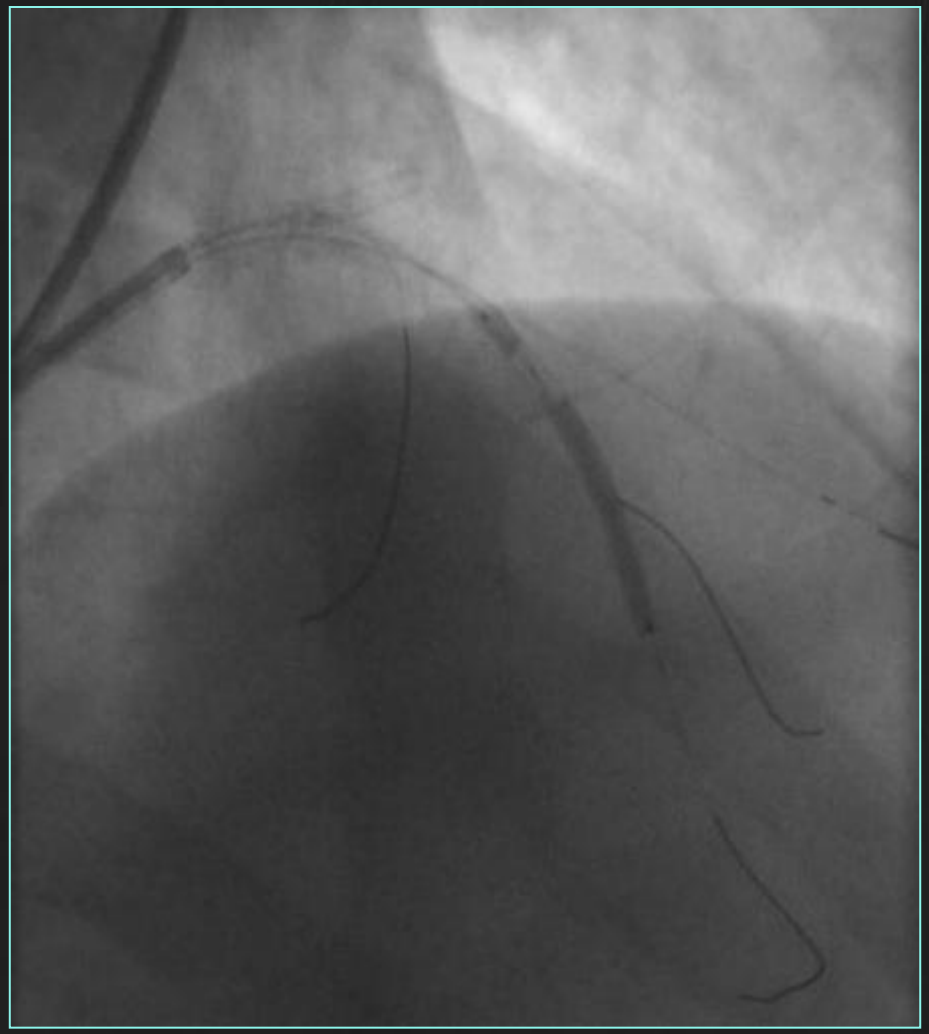
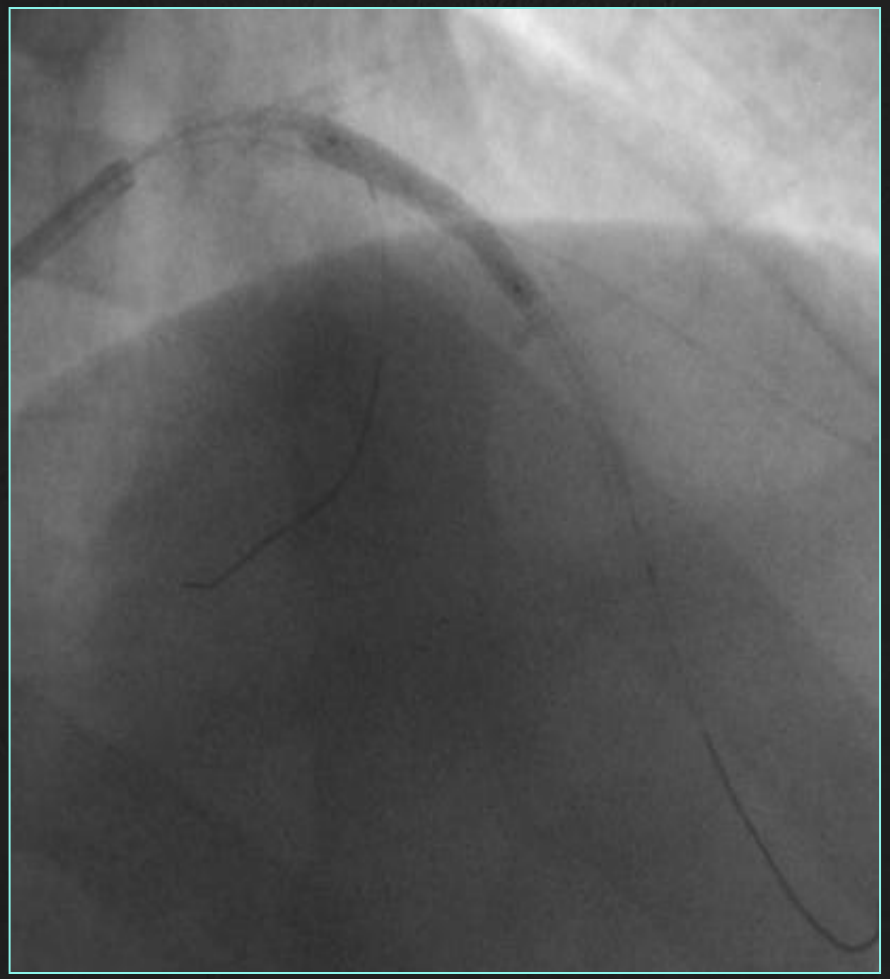
Left Main Trifurcation



Mid LAD and Diag Dilatation



Mid LAD Stenting

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Left Main Trifurcation

Following Mid LAD Stenting
Provisional for Diag Branch

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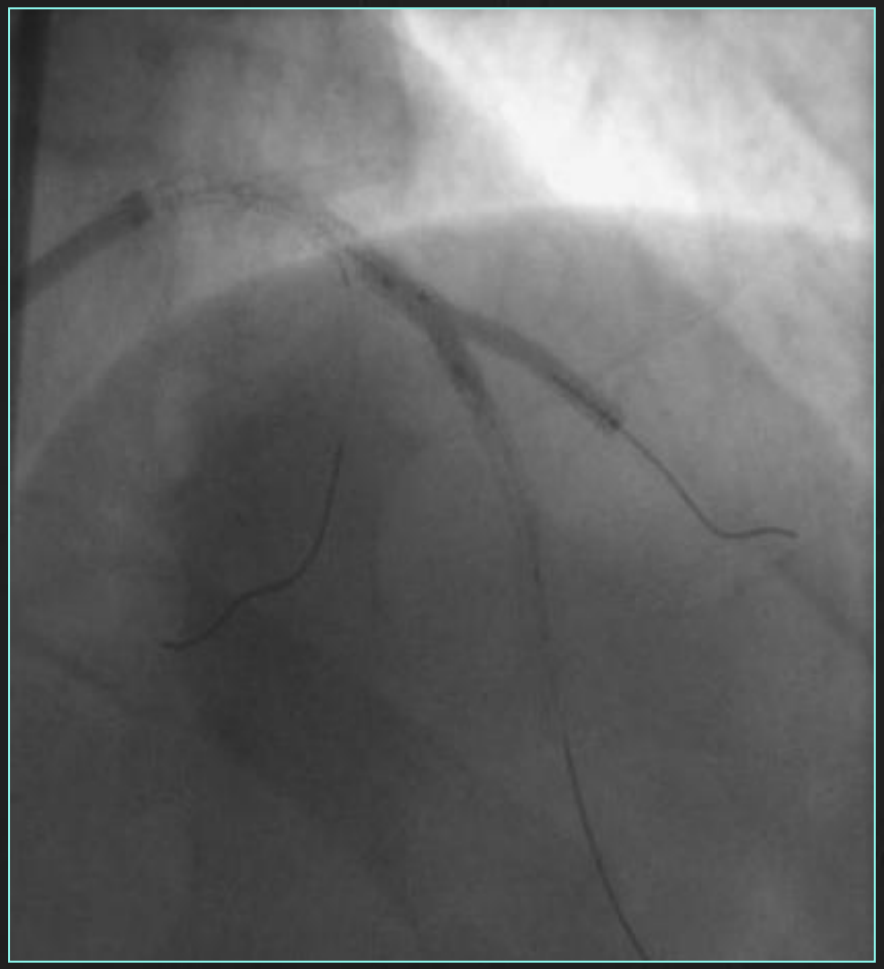
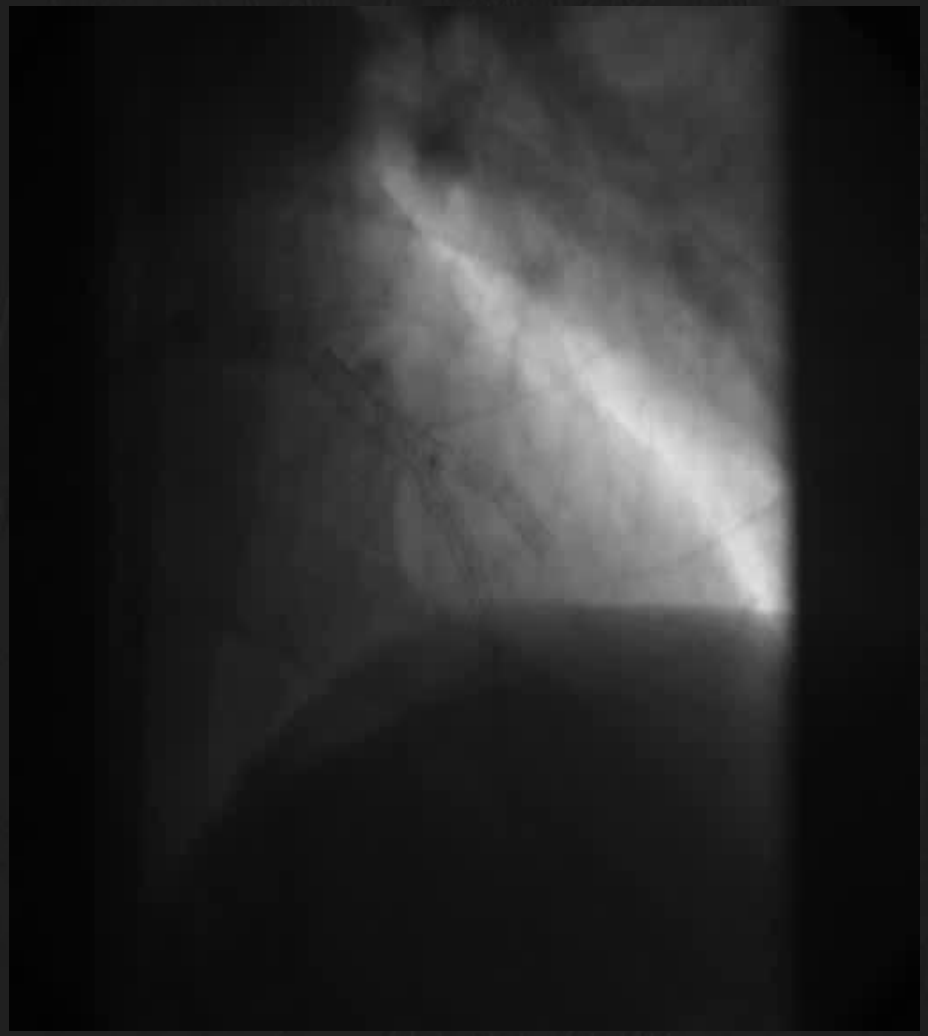
Left Main Trifurcation



TAP technique
Diagonal Branch



Following stent
Diagonal Branch

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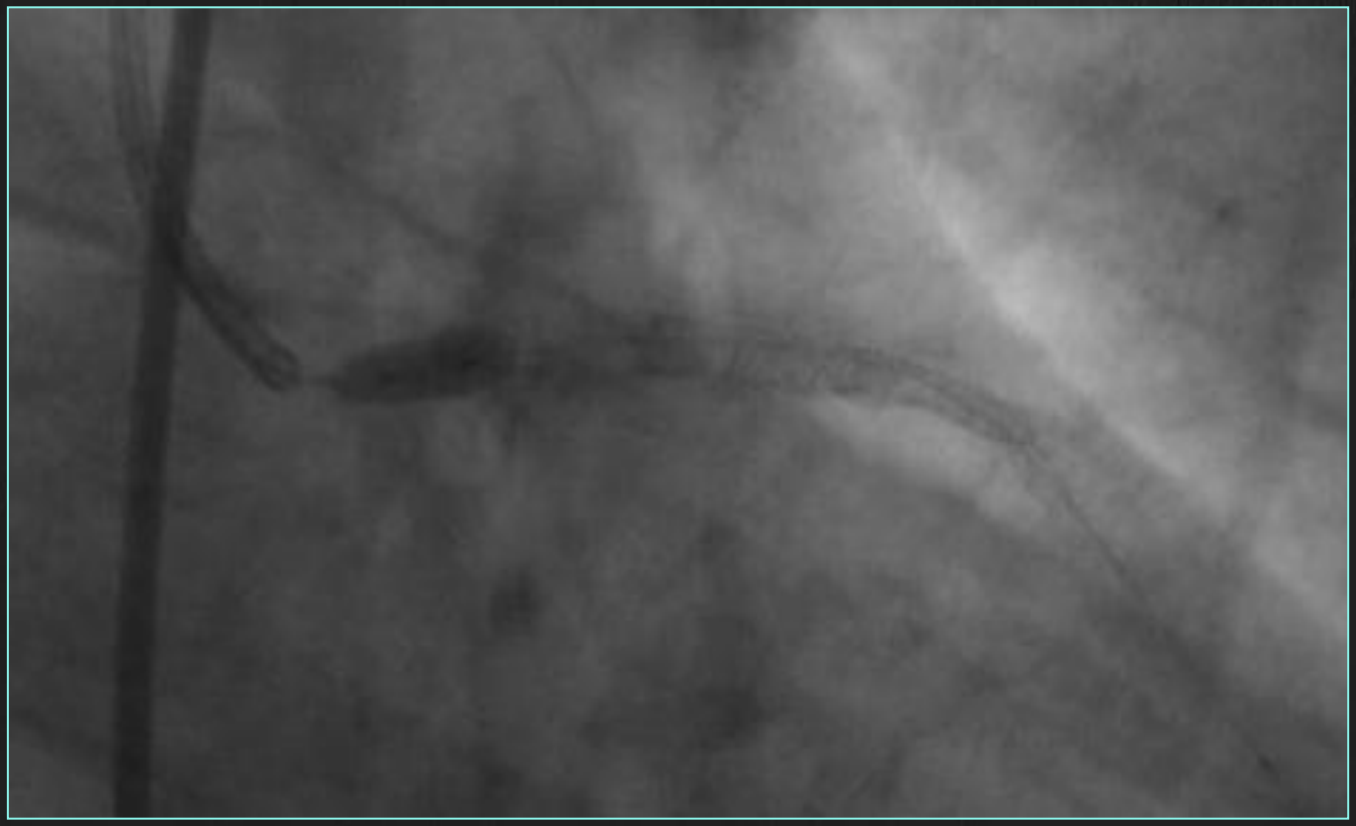
Left Main Trifurcation



Post dilatation Left Main Body

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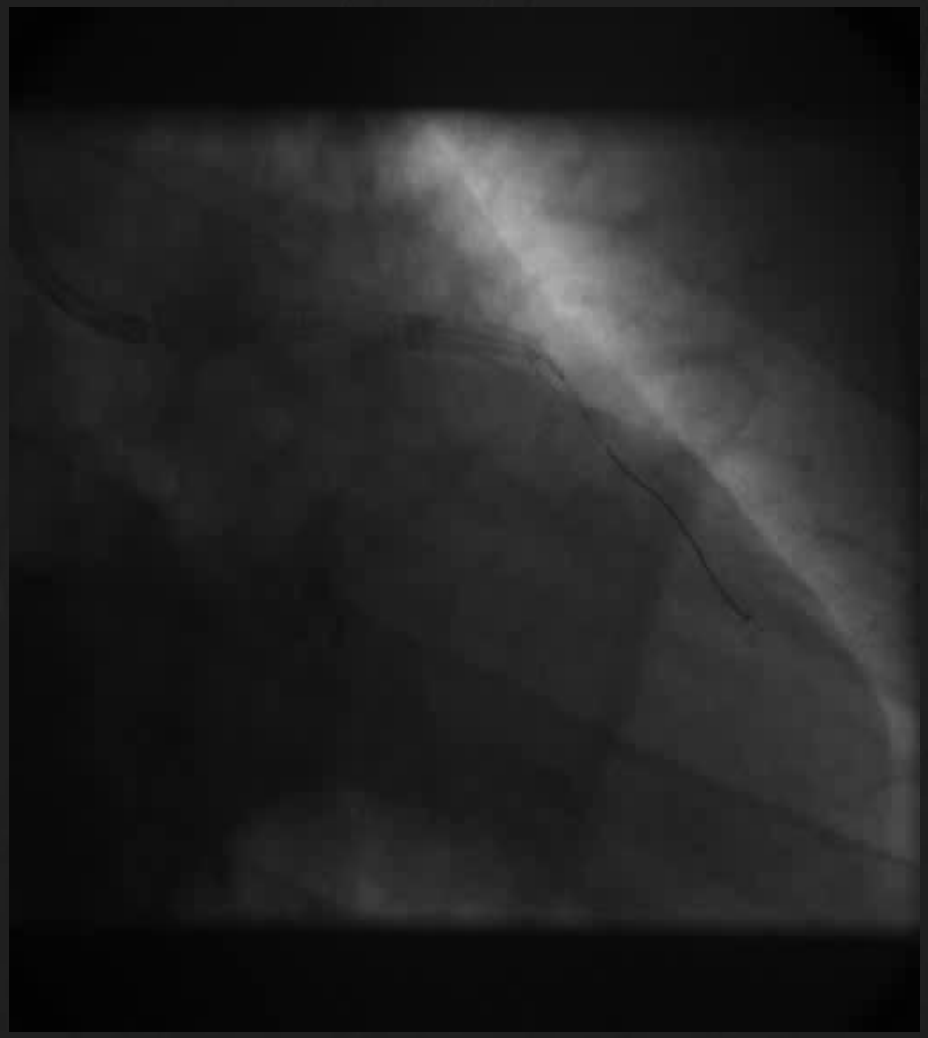
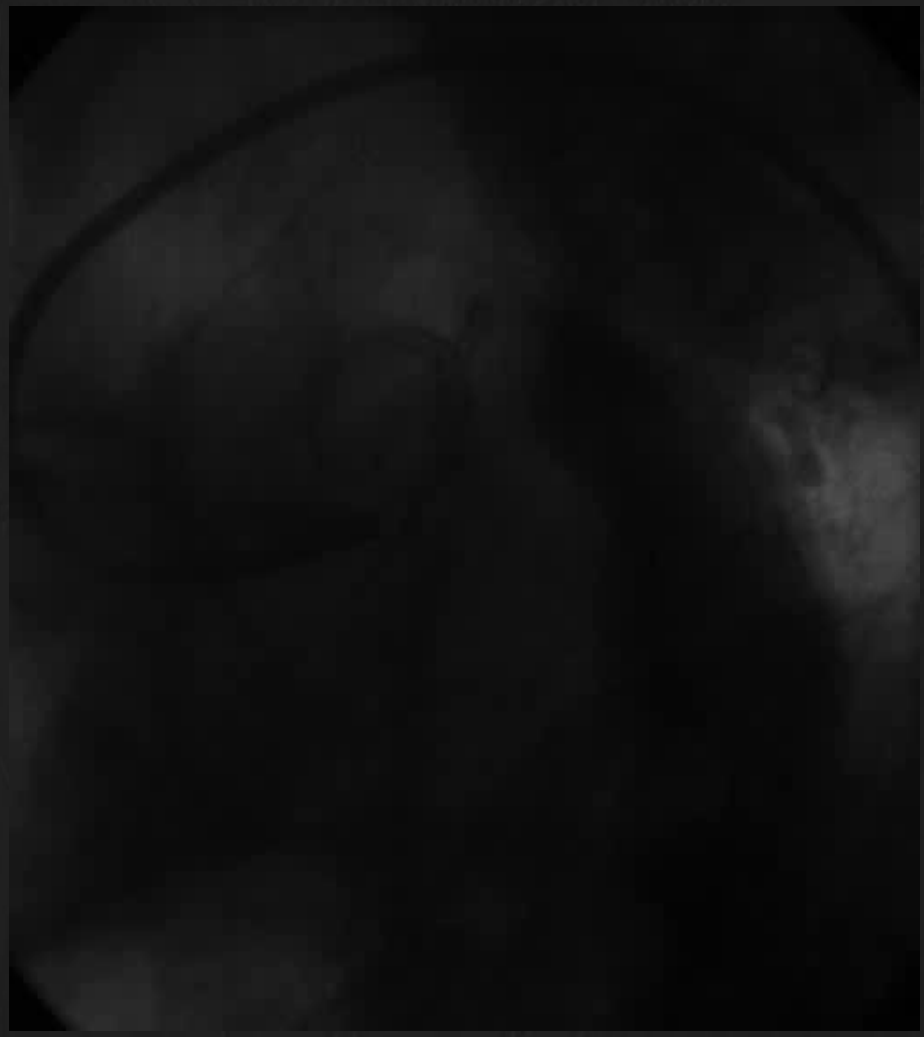
Left Main Trifurcation





Final Result

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Left Main Trifurcation

Final Result

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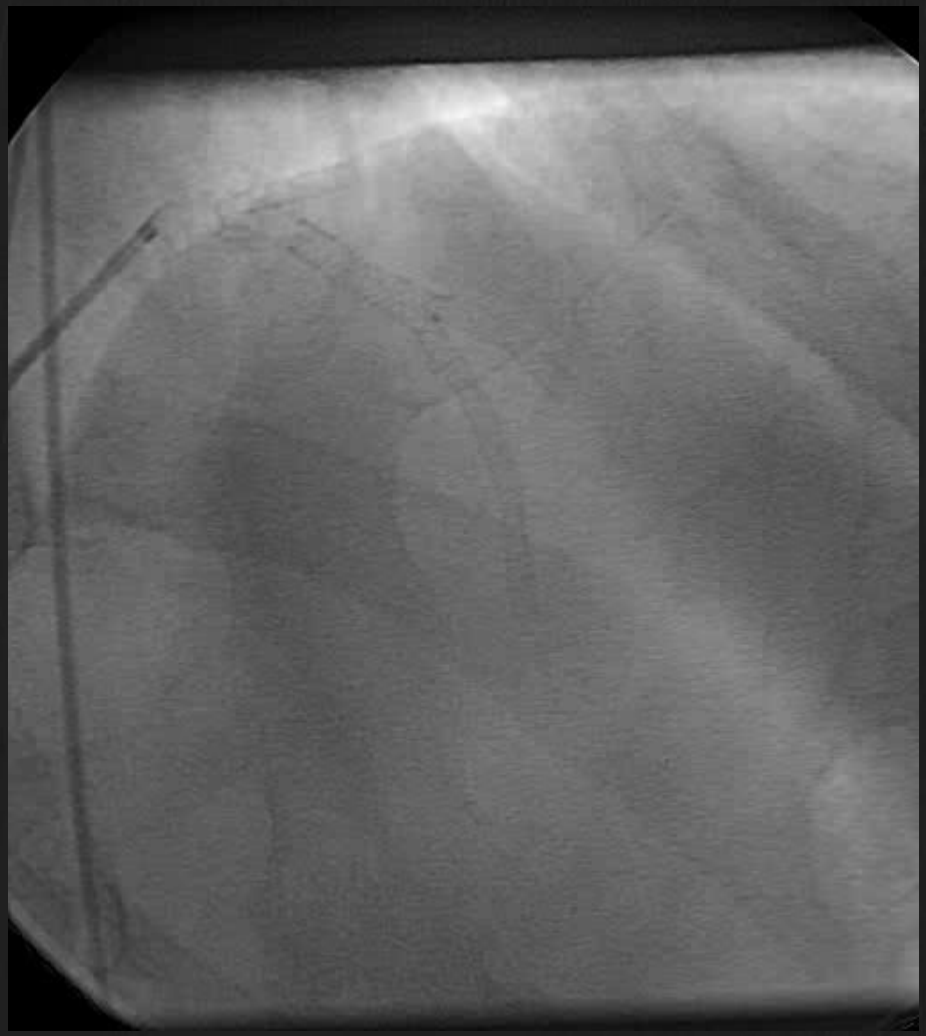
Left Main Trifurcation

6-Months F-UP

- Patient Asymptomatic
- Negative Maximal Stress Test



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Left Main Trifurcation

6-Months F-UP

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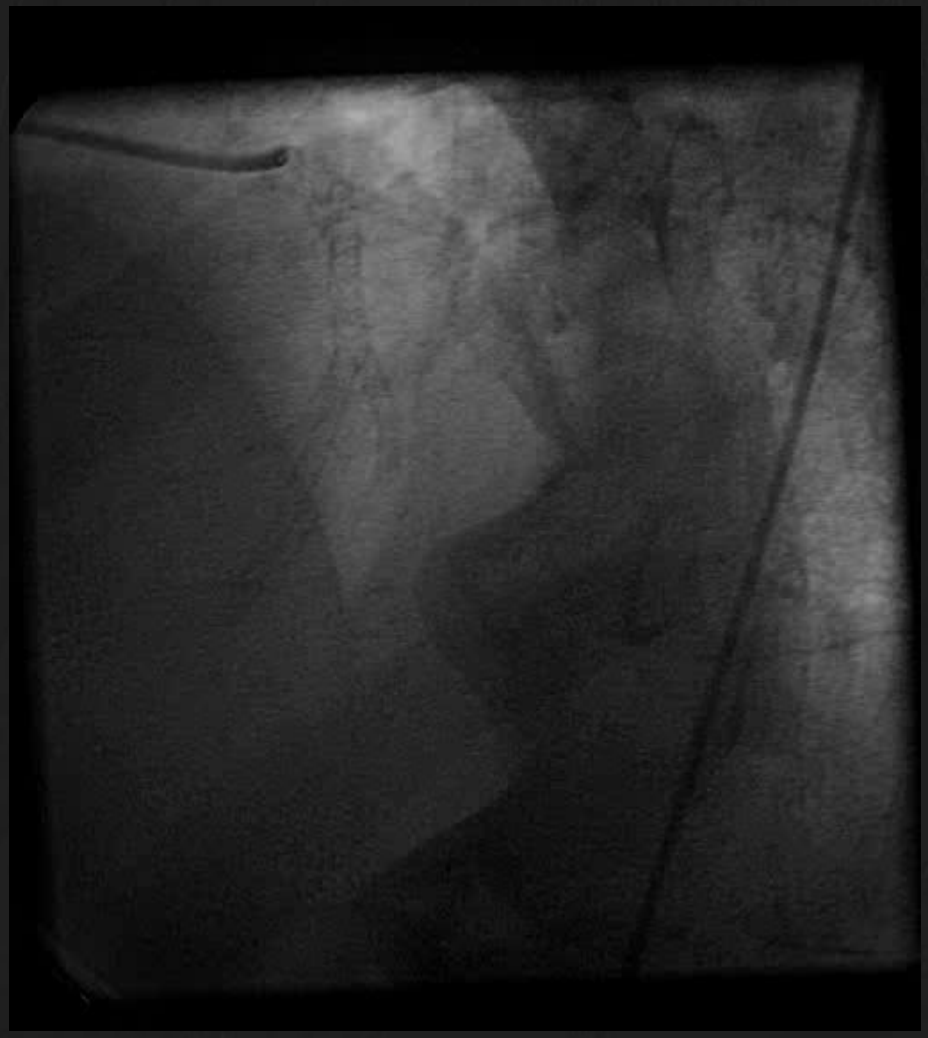

Left Main Trifurcation

6-Months F-UP

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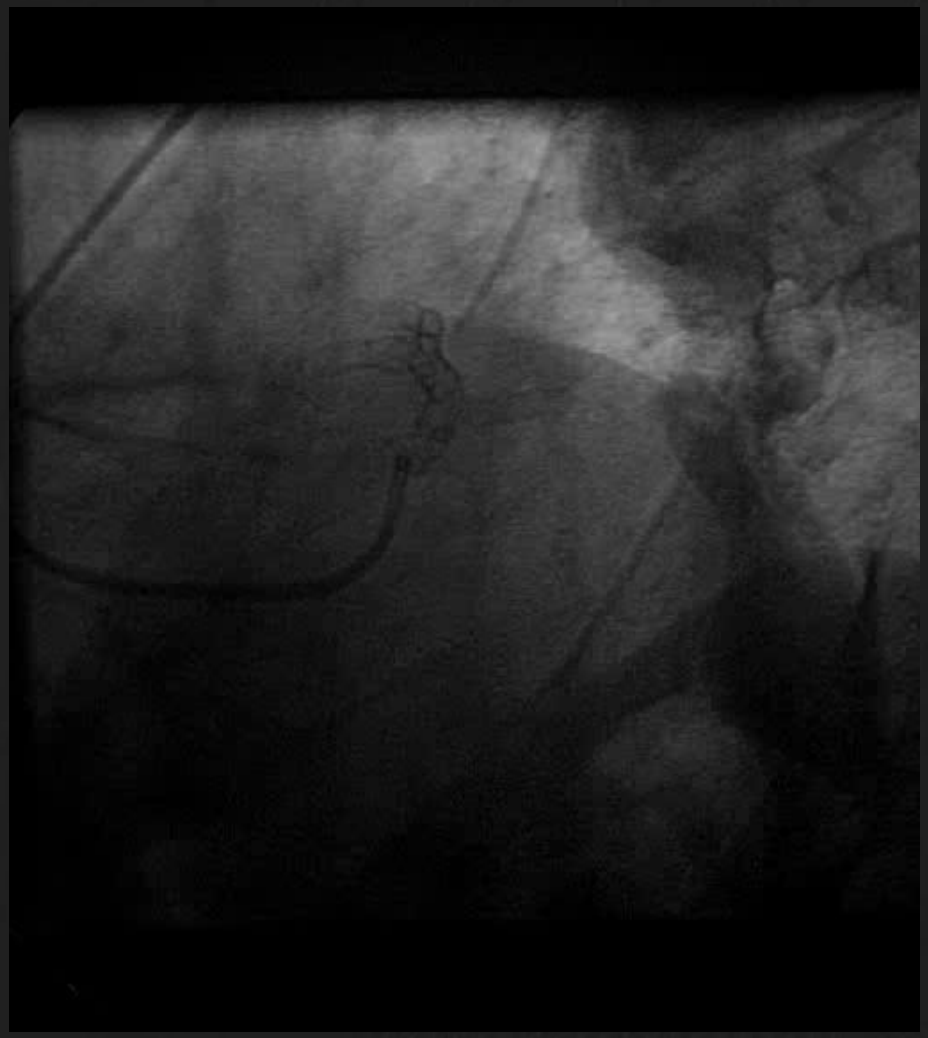

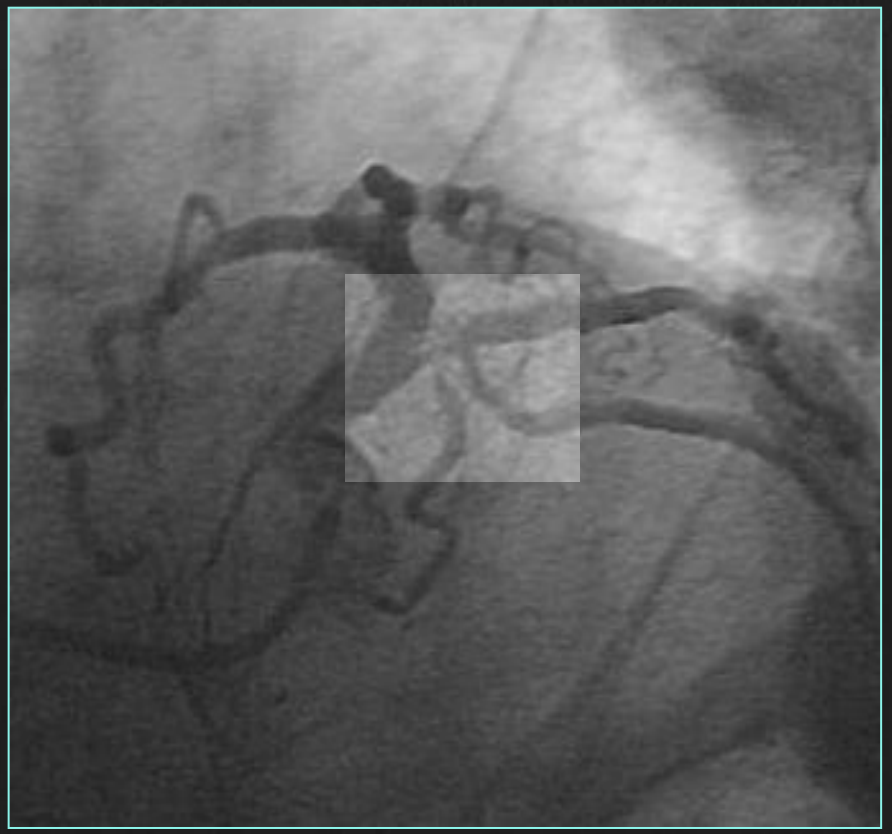

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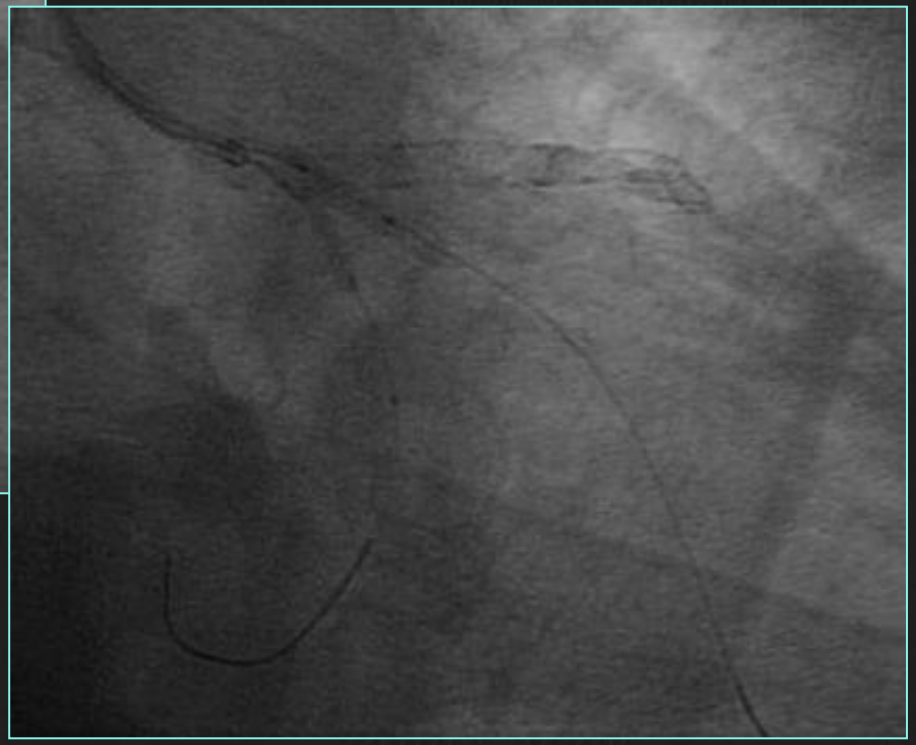
Left Main Trifurcation

6-Months F-UP



Balloon Dilatation CX-Intermediate

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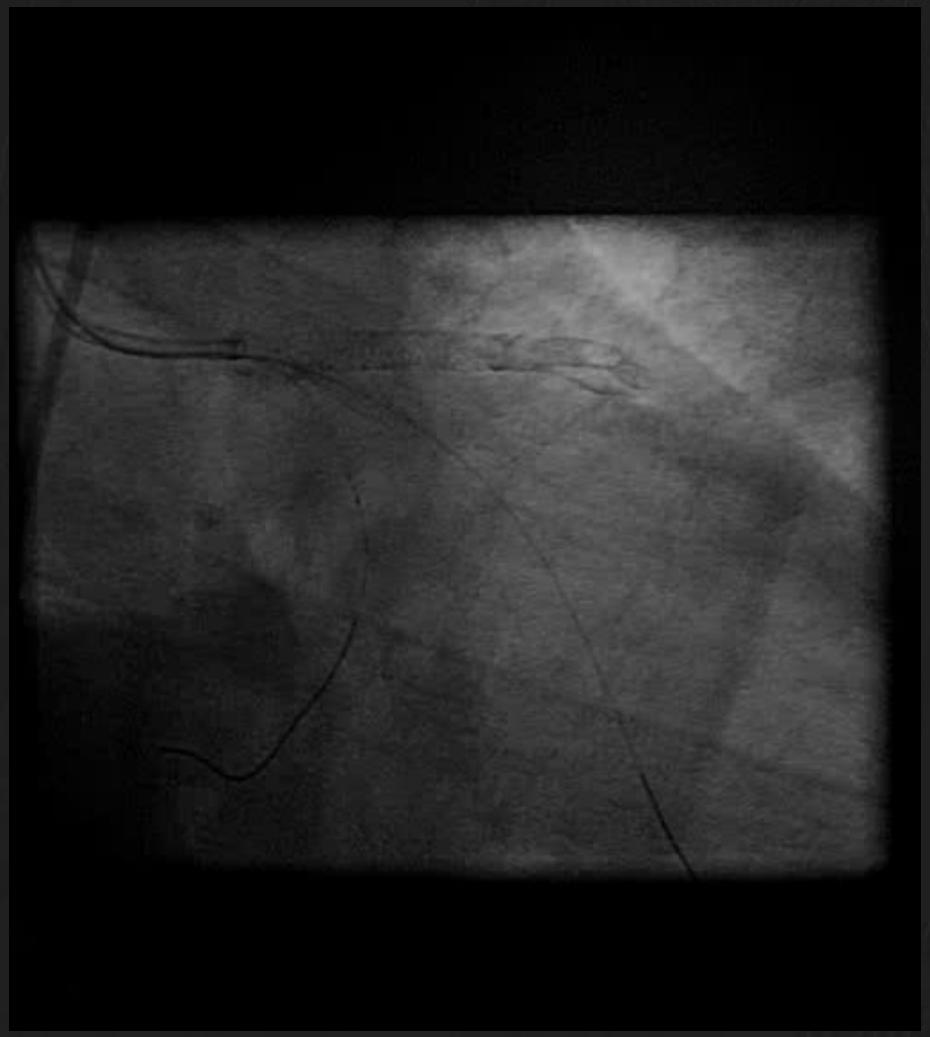
Left Main Trifurcation

6-Months F-UP

Following Dilatation CX-Intermediate



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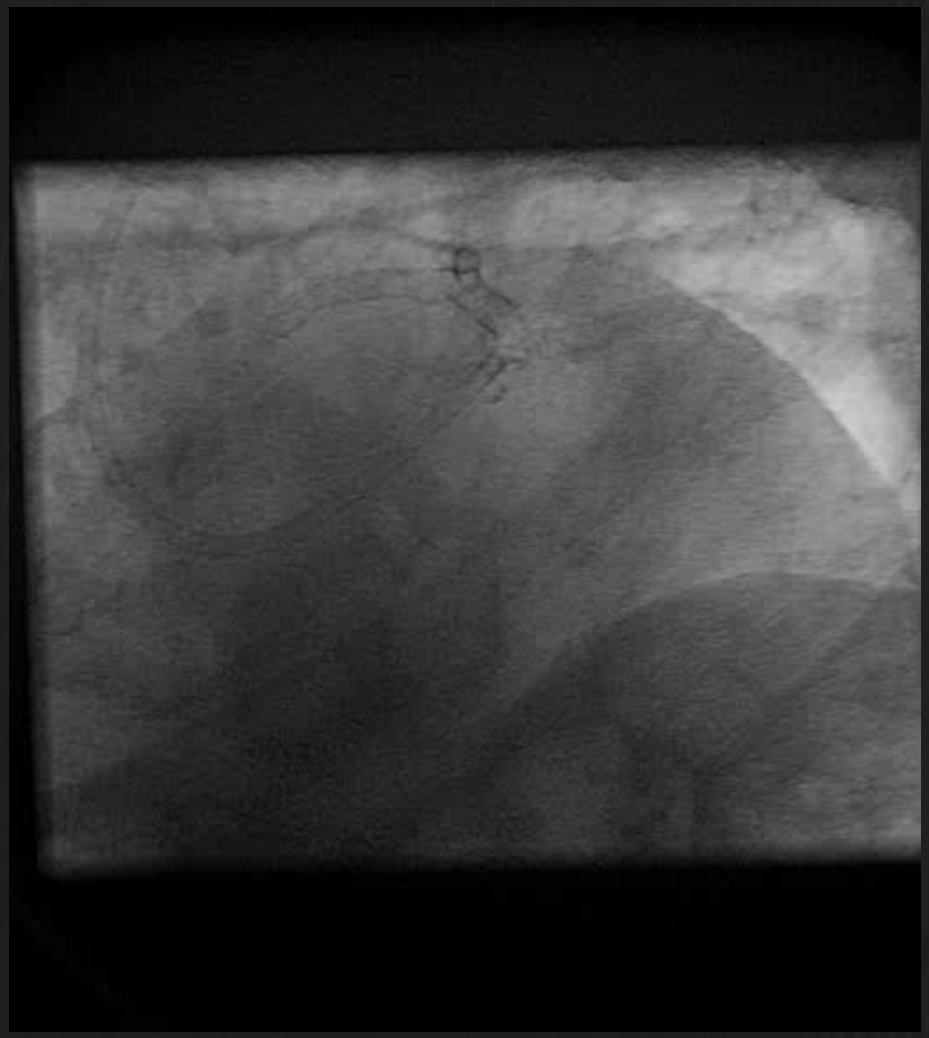
Left Main Trifurcation

6-Months F-UP



Final Result

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Conclusions

The final result is far more important than the technique utilized

IVUS check on both branches every time 2 stents are implanted